

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <input type="text"/>	2. Fiscal Year Covered From: <input type="text"/> / <input type="text"/> / <input type="text"/> 2004 Through: <input type="text"/> / <input type="text"/> / <input type="text"/> 2004
3. Name and address of person filing. Name <input type="text"/> <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/> 5. Position in labor organization. <input type="text"/>	4. Name, file number, and address of labor organization. Name <input type="text"/> Labor Organization File Number <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7. a. Nature of Interest, Transaction, or Income. <input type="text"/> 7. b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Charles Feldi Jr

On 7/28/05
Date

215-652-6555
Telephone Number

Name of Person Filing Charles Feldi

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name International Foundation of Employee Benefit Plans

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 18700 W. Bluemond Road

City Brookfield

State Wisconsin ZIP Code + 4 06040

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name PACE Local 2-86 H&W Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 601 Dresher Road

City Horsham

State PA ZIP Code + 4 19004

11.a. Nature of such dealing.

IFEP provides educational services to benefit funds and their trustees.

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

Received registration fee for attendance at a 4-day conference in New Orleans from December 1 through December 4, 2004 and reimbursement for travel, lodging and meals.

12.b. Amount.

\$4,699.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

Charles Feldi

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Freedman & Lorry, P.C.Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 400 Market Street, 9th FloorCity PhiladelphiaState PA ZIP Code + 4 19106

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name PACE Local 2-86 H&W PlanTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 601 Dresher RoadCity HorshamState PA ZIP Code + 4 19044

11.a. Nature of such dealing.

Freedman & Lorry, P.C. are legal counsel to the Fund.

11.b. Approximate dollar value of such dealing.

\$16,000.00

12.a. Nature of interest held or income received.

I attended a dinner as the guest of Freedman & Lorry on December 1, 2004 during a benefit conference in New Orleans, LA

12.b. Amount.

\$60.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Charles Feldi

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PACE Local 2-86 H&W Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 601 Dresher Road

City Horsham

State PA ZIP Code + 4 19044

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Administers H&W Plan for members of PACE Local 2-86 and their eligible dependents.

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

Reimbursement for travel, lodging and meals at IFEP educational conference for health care issues in Boston in July 2003 and balance of reimbursement of travel, lodging and meal expenses for educational conference in San Diego in November 2003

12.b. Amount.

\$1,884.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing **Charles Feldi**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Independence Blue Cross**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **PAGE Local 2-86 H&W Plan**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **601 Dresher Road**

City **Horsham**

State **PA** ZIP Code + 4 **19046**

11.a. Nature of such dealing.

Provides health care benefits to Plan participants

11.b. Approximate dollar value of such dealing.

\$18,143,673

12.a. Nature of interest held or income received.

I attended a dinner as the guest of IBC on December 2, 2004 during a benefit conference in New Orleans, LA

12.b. Amount.

\$112.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Charles Feldt

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Freedman & Lorry, P.C.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 400 Market Street, 9th Floor

City Philadelphia

State PA ZIP Code + 4 19106

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name PACE Local 2-86

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 109 N. 2nd Street

City North Wales

State PA ZIP Code + 4 19454

11.a. Nature of such dealing.

Freedman & Lorry, P.C. are legal counsel to the Local Union

11.b. Approximate dollar value of such dealing.

\$123,517.00

12.a. Nature of interest held or income received.

Christmas gift Certificates

12.b. Amount.

\$30.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.